


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000001435	
1. Entity Name COTTON OF KEY WEST LIMITED PARTNERSHIP	

Principal Place of Business 30 BAMBOO TERRACE KEY WEST FL 33040	Mailing Address P.O. BOX 2652 KEY WEST FL 33045
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt. #, etc
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City & State	City & State
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4. FEI Number 65-0837158	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BOHATCH, JOHN S PENTHOUSE 8, DOUGLAS CENTRE 2600 DOUGLAS ROAD CORAL GABLES FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	COTTON, WILLIAM F 30 BAMBO TERRACE KEY WEST FL 33040	STREET ADDRESS	000000111608 04/13/04-80026-008 526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	COTTON, LOIS G 30 BAMBO TERRACE KEY WEST FL 33040	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Lois G. Cotton</i> Lois G. Cotton	3-31-04	(305) 294-2044
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